



ARIZONA HOUSE OF REPRESENTATIVES

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HB 2043: physician assistants; supervision; collaboration

Sponsor: Representative Bliss, LD 1

Transmitted to the Governor

Overview

Permits, beginning January 1, 2024, physician assistants with at least 8,000 hours of clinical practice certified by the Arizona Regulatory Board of Physician Assistants (Board) to practice with a collaborating physician or entity without a supervision agreement. Subjects a physician assistant with less than 8,000 hours of Board-certified clinical practice to work under a supervision agreement.

History

The Board is authorized to license and regulate physician assistants. Physician assistants are licensed to practice medicine within the scope of their supervising physician's area of practice. A physician assistant may perform those duties and responsibilities, including the ordering, prescribing, dispensing and administration of drugs and medical devices that are delegated by the supervising physician. A physician assistant may provide any medical services that are delegated by the supervising physician if the service is within the physician assistant's skills, scope of practice and supervised by the physician. Physician assistants may pronounce death and is the physician's agent in the performance in all practice related activities, including the ordering of diagnostic, therapeutic and other medical services. These health professionals may practice in any setting authorized by the supervising physician (A.R.S. §§ [32-2504](#) and [32-2531](#)).

Provisions

Collaborative Physician Assistants

1. Outlines the scope of practice for collaborative physician assistants with at least 8,000 hours of clinical practice certified by the Board. (Sec. 3)
2. Asserts that a physician assistant with at least 8,000 hours of Board-certified clinical practice is not required to practice pursuant to a supervision agreement, but must continue to collaborate, consult or refer to the appropriate health care professional as indicated by the patient's condition and by the physician assistant's education, experience and competencies. (Sec. 3)
3. Specifies that the level of collaboration is determined by the policies of the practice setting at which the physician assistant is employed, including a physician employer, group practice or health care institution. (Sec. 3)
4. Permits collaboration, consultation or referrals to occur through electronic means and does not require the physical presence of the appropriate health care professional at the time or place the physician assistant provides medical services. (Sec. 3)
5. Stipulates that this does not prohibit a physician assistant with at least 8,000 hours of Board-certified clinical practice from practicing pursuant to a supervision agreement. (Sec. 3)

6. Requires physician assistants who are in good standing, have graduated from an accredited physician assistant program in the U.S. and with at least 8,000 clinical practice hours within the previous five years in this state or another jurisdiction to provide to the Board documentation of having completed 8,000 clinical hours to practice collaboratively. (Sec. 9)
7. Requires the Board to develop a policy that sets forth the process including attestation or documentation required as proof of completion and issuance of certification of completion of at least 8,000 clinical practice hours. (Sec. 9)
8. Requires the Board to develop an alternative comparable standard for certification of the 8,000 hours for physician assistants who have been actively practicing for more than five years. (Sec. 9)
9. Directs the Board to adopt rules establishing certification standards or requirements for physician assistants who have previously completed the 8,000 certified hours and who are seeking employment with a collaborating physician or entity for a position not substantially similar to the practice setting or specialty in which they were certified. (Sec. 9)
10. Requires the certification standards or requirements must ensure appropriate training and oversight, including a supervision agreement if warranted for the physician assistant new practice setting or environment. (Sec. 9)

Supervision Agreements

11. Requires a physician assistant with less than 8,000 hours of Board-certified clinical practice to work in accordance with a supervision agreement that describes the physician's scope of practice. (Sec. 3)
12. Prohibits physician assistants from performing health care tasks until they have completed and signed a supervision agreement. (Sec. 3)
13. Permits supervision to occur through electronic means and does not require the physical presence of the appropriate health care professional at the time or place the physician assistant provides medical services while under a supervision agreement. (Sec. 3)
14. Requires the supervision agreement to be kept on file at the main location of the physician assistant's practice and, on request, be made available to the Board or their representative. (Sec. 3)
15. Specifies that a physician assistant is no longer subject to the supervision agreement requirements upon receipt of Board certification that they have completed at least 8,000 hours of clinical practice. (Sec. 3)
16. Allows the Board to count practice hours earned in another jurisdiction toward the required hours for clinical practice. (Sec. 3)
17. Asserts that a physician assistant who does not practice pursuant to a supervision agreement is legally responsible for the health care services performed by them. (Sec. 3)
18. Requires the supervision agreement to specify the physician assistant's ability to prescribe, dispense or administer a schedule II, III, IV or V controlled substance or prescription-only medication. (Sec. 4)
19. States that a supervising physician is responsible for all aspects of the physician assistant's performance who has less than 8,000 hours of clinical practice, whether the supervising physician pays the physician assistant a salary. (Sec. 5)

20. States that a physician assistant is not required to have completed 8,000 clinical practice hours if providing medical care in response to a natural disaster, accident or other emergency. (Sec. 8)

Miscellaneous

21. Defines *collaborative physician or entity*. (Sec. 1)

22. Defines *supervision agreement*. (Sec. 1)

23. Modifies terms. (Sec. 1)

24. Deems it *unprofessional conduct* for physician assistants to perform health care tasks that do not meet applicable supervision or collaboration requirements. (Sec. 1)

25. Modifies Board membership to include two licensed Medical Doctors and two licensed Osteopathic Physicians who are actively engaged in the practice of medicine and that collaborate with physician assistants. (Sec. 2)

26. Allows a supervising physician, collaborating physician or entity to contest the imposition of a civil penalty issued by the Board. (Sec. 3)

27. Specifies that a physician assistant may not dispense, prescribe or refill prescription-only drugs for a period exceeding one year for each patient. (Sec. 4)

28. Requires the Board to advise the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration of all the physician assistant's authorized to prescribe or dispense drugs and any modification of their authority. (Sec. 4)

29. Repeals statute relating to physician assistant's initiation of practice. (Sec. 6)

30. Allows physician assistants to bill and receive direct payment for their professional services. (Sec. 7)

31. Specifies that if the Board begins an investigation, it may require the physician assistant to promptly provide the name and address of the supervising physician or collaborating physician or entity, as applicable. (Sec. 10)

32. Allows the Board or, if delegated by the Board, the executive director to require a mental, physical or medical competency examination or any combination of those examination or investigations for a collaborating physician or physician representative of the collaborating entity, as applicable. (Sec. 10)

33. Exempts the Board from rulemaking requirements for one year after the effective date of this act. (Sec. 11)

34. Contains an effective date of January 1, 2024. (Sec. 12)

35. Makes technical and conforming changes. (Sec. 1-5, 8,10)

Prop 105 (45 votes)

Prop 108 (40 votes)

Emergency (40 votes)

Fiscal Note